



CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

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Adopt-A-Park/Adopt-A-Trail Application

The City of Durham believes that well-maintained parks and trails areas are essential to the beauty and appeal of our community. The City of Durham Adopt-A-Park and Adopt-A-Trail (APAT) programs were established to improve the appearance of the City of Durham, and to encourage community involvement.

By this agreement, _____ (applicant) agrees to abide by the Adopt-A-Park/Adopt-A-Trail Program Requirements and Adopt-A-Park/Adopt-A-Trail Safety Guidelines set forth by the City of Durham, and to enforce compliance with the program requirements and safety guidelines by volunteers working on APAT projects sponsored by its organization.

The City of Durham recognizes the applicant as the adopting organization of the following park/trail:

Park Name: _____

Trail Name: _____ from _____ to _____

Beginning Date: _____ Ending Date: _____

The terms of this agreement are to be followed from the date the adoption is approved until December 31 of the same year. The number of clean-ups required during the first year will be no less than _____ after the adoption approval date.

Adoptions will be automatically renewed each year, unless another group/individual wants to adopt that specific park or trail, applicants fail to complete and report the required number of cleanups, or they request to be removed from the program. There is a maximum of a two year adoption period if a waiting list exists for that facility, Failure to complete obligations will prevent future adoptions by your organization. The City of Durham reserves the right to cancel this privilege at any time.

_____ Signature of Adoption Coordinator	_____ Date
_____ Durham Parks and Recreation Representative	_____ Date
_____ Name of Organization as you would like it to appear on the sign	
_____ Abbreviated Organization Name	
_____ Name of Adoption Coordinator	_____ E-Mail
_____ Address	_____ Home Phone
_____ City, State, Zip	_____ Work Phone
_____ Fax	_____ Cell Phone